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To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: September 16, 2005
Pages: 16 pages (including this cover sheet)

MESSAGE:

METHOD AND APPARATUS FOR TIME-AWARE
AND LOCATION-AWARE MARKETING

Application No. 09/805,310

Examiner B. Jackson

Art Unit 2685

Amendment Transmittal

Petition and Fee for Extension of Time

Completed Credit Card Payment Form

Amendment

696.004

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Amendment Transmittal

SEP 16 2005

Atty. Docket No. 696.004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/805,310 Examiner : B. Jackson
Filed : March 13, 2001 Group Art Unit : 2685
For : METHOD AND APPARATUS FOR TIME-AWARE AND
LOCATION-AWARE MARKETING

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

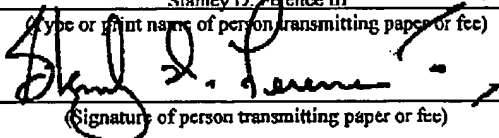
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☒ Small Entity status of this application has been previously established.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571)273-8300 on September 16, 2005 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.004

5. ☐ Also enclosed: _____
6. ☐ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
					RATE	FEE		RATE	FEE
Total	13	** 20	= * 0	x	\$25	= 0	O	x \$50	=
Claims							R		
Ind.	4	*** 3	= * 1	x	\$100	= 100	O	x \$200	=
Claims							R		
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O	+ \$360	=
							R		
					TOTAL	= \$100	DO	TOTAL	= \$
							R		

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

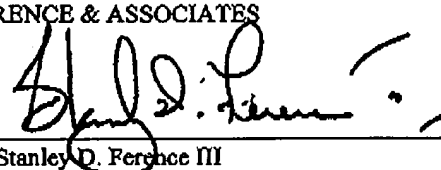
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☒ Attached is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$100.00 filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES


 By Stanley D. Ference III
 Reg. No. 33,879
Dated: 16 September 2005

Mailing Address:

Customer No. 35195
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